

## REREGISTRATION OF REAL ESTATE CONTINUING EDUCATION PROVIDER

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IMPORTANT: Registration expires and must be reregistered prior to the end of each even-numbered year; failure to reregister will result in forfeiture of the registration. **The reregistration deadline is November 30 of each even-numbered year.**

REREGISTRATION CHECKLIST FOR CONTINUING EDUCATION PROVIDERS. **Submit all of the following:**

- \_\_\_\_\_ A completed reregistration application form. Reregistration applications must include updated information regarding policies (policy statement, student disclosure notice), procedures, personnel, advertising or promotional materials (school brochures, printed, audio, or telecommunication copy, etc.).
- \_\_\_\_\_ Proof of existing surety bond or previously approved alternative form of security as required by Hawaii Administrative Rules (HAR) §16-99-65.
- \_\_\_\_\_ List of courses, instructors, dates, and classroom locations for future courses.
- \_\_\_\_\_ If there is a **new** administrator, a completed Certification of Administrator of Continuing Education Provider form and Statement of Ethical Teaching Practices form.
- \_\_\_\_\_ Fees (2 Checks):
  - 1. Application (Nonrefundable) \$100
  - 2. Compliance Resolution Fund (CRF) \$90 if registration to take effect in odd-numbered year  
\$45 if registration to take effect in even-numbered year

Include a \$10.00 restoration fee if provider registration has forfeited (i.e., expired).

**Attach two checks for the amounts payable to "Commerce and Consumer Affairs"**

This material can be made available for individuals with special needs. Please call the Senior Real Estate Specialist at 586-2643 to submit your request.

**REAL ESTATE COMMISSION**  
**State of Hawaii**  
**Professional and Vocational Licensing Division**  
**Department of Commerce and Consumer Affairs**  
**335 Merchant Street, Room 333**  
**Honolulu, Hawaii 96813**

FOR OFFICE USE ONLY	
Approved/Date:	Reg. No.:
Denied/Date:	
Cashier's Validation:	

**APPLICATION FOR REAL ESTATE CONTINUING EDUCATION PROVIDER  
REREGISTRATION**

Provider's Name:	
Business Address:	
Business Telephone:	
Public e-mail and/or URL:	
Provider's Administrator:	
Administrator's Home Address:	Administrator's Home Telephone:

**Questions 1 - 3 refer to ALL of the following: the applicant provider (entity or individual); partner; officer or director of a corporation; member of the limited liability company and provider's administrator.**

- 1a) Have you ever applied for, been granted, or held a professional/vocational (including real estate) license in Hawaii or any other State?..... Yes No  
 If yes, what state, license type and license number?
- b) Has an application for professional/vocational license or a real estate license ever been denied, suspended, fined, involuntarily terminated, revoked or otherwise subject to disciplinary action?..... Yes No
- c) Have any complaints or charges ever been filed against you, regardless of outcome, with the licensing agency of any state? ..... Yes No
- d) Have any charges of unlicensed activity ever been filed against you, regardless of outcome, with the licensing agency of any state? ..... Yes No
- e) Are there any pending disciplinary actions against you? ..... Yes No
2. During the past 20 years have you every been convicted of a crime where there has not been an order annulling or expunging the conviction?..... Yes No

- CONTINUED ON REVERSE -

For	App	\$100	905
Cashier's Use	CRF	\$90/\$45	583
Only	Restore	\$10	905
	Svc Fee	\$15.00	BCF

3. Are there any pending law suits, unpaid judgments, outstanding tax obligations or any other type involuntary liens against you? ..... Yes No
4. Has the provider registration ever been suspended or revoked?..... Yes No

FOR ANY 'YES' RESPONSE, PLEASE PROVIDE INFORMATION/DOCUMENTATION ON THE DATE, PLACE AND TYPE OF COMPLAINT, CHARGE, CONVICTION, OR DISCIPLINARY ACTION ON A SEPARATE SHEET OF PAPER AND ATTACH TO THIS REREGISTRATION.

**I hereby certify that the statements and answers on this application and accompanying document(s) are true and correct. I understand that any statement false or untrue, or any material misstatement of fact shall constitute grounds for refusal or subsequent revocation of registration.**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF SCHOOL ADMINISTRATOR

\_\_\_\_\_  
PRINT NAME OF SCHOOL ADMINISTRATOR